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# MT LEGISLATIVE HISTORY

Chapter 387 1989

Bill H _____ S 407 Original bill & hist. ___C

| H. Committee on Human Services & Aging | | S. Committee on Public Health, Welfare & Safety | |
|---|---|---|---|
| Hearing Date(s) Mar 13 | ✓C | Hearing Date(s) Feb 10 | ✓C |
| _____ | ___C | _____ | ___C |
| _____ | ___C | _____ | ___C |
| _____ | ___C | _____ | ___C |
| Date Out Mar 14 | ✓C | Feb 17 | ✓C |

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Did this bill originate in an interim committee? ___Yes ___No

Committee _____ Report _____

effect in all valid applications that are severable from the invalid applications.

Section 14. **Effective date.** [This act] is effective on passage and approval.

Approved March 30, 1989.

## CHAPTER NO. 387

[SB 407]

AN ACT TO GENERALLY REVISE AND CLARIFY THE LAWS RELATING TO EMERGENCY MEDICAL SERVICES; AMENDING SECTIONS 50-6-301, 50-6-302, 50-6-304, 50-6-306 THROUGH 50-6-308, AND 50-6-313 THROUGH 50-6-316, MCA; REPEALING SECTIONS 50-6-303, 50-6-305, 50-6-309, AND 50-6-312, MCA; AND PROVIDING EFFECTIVE DATES.

STATEMENT OF INTENT

A statement of intent is required for this bill because [section 3] grants authority to the department of health and environmental sciences to adopt rules necessary to carry out the provisions of Title 50, chapter 6, part 3.

In adopting rules, the department should consider the following:

(1) It is the intent of the legislature that the department adopt rules to regulate emergency medical services. These rules may include minimum licensing standards for various types and levels of prehospital and interhospital emergency medical services. The rules may also include other requirements to assure the quality, safety, and proper operation of emergency medical services in Montana.

(2) In addition to rules governing operation of ground ambulance services, which are currently regulated, it is intended that the department adopt rules to regulate other types of emergency medical transportation and treatment services not currently subject to regulation by the department. Examples of such services include air ambulance services, such as fixed-wing aircraft which provide life support services, including medical personnel and medical equipment; initial response rotary-wing aircraft; and nontransporting medical units. The department shall exclude from regulation air transportation services, such as charter or fixed-based operators, regulated by the federal aviation administration that offer no special medical services or provide only transportation to patients or persons at the direction or under the supervision of an independent physician.

(3) It is further intended that the department adopt rules to regulate various levels of emergency services that have evolved in recent years (such as basic life support, defibrillation, and advanced life support) without minimum standards, rules, or licensing to assure the health and safety of the public. Rules to regulate these various levels of service should recognize the differences in personnel, equipment, and operational requirements for each type and level of service.



(4) The department should assure minimum statewide standards for prehospital emergency medical care; however, the rules should not be so stringent that the provision of emergency medical care in smaller communities will be made unreasonably difficult or expensive. If a licensed emergency medical service is not reasonably available, department rules should not preclude the occasional and infrequent transportation of patients by other means available. Nevertheless, rules should not conflict with any regulations issued by a federal agency, such as the federal aviation administration.

(5) The legislature intends that the department establish an advisory committee to make recommendations to the department or to the board of health and environmental sciences concerning matters described in [section 12]. Creation of this committee and its composition should be established by rule. Any such rule adopted by the department should assure that persons actively providing emergency medical care be included as members of the committee.

*Be it enacted by the Legislature of the State of Montana:*

Section 1. Section 50-6-301, MCA, is amended to read:

**"50-6-301. Findings.** The *legislature finds and declares that:*

*(1) the* public welfare requires the establishment of minimum uniform standards for the operation of *emergency medical* services;

*(2)* the control, inspection, and regulation of persons *providing emergency medical services is necessary* to prevent or eliminate improper care that may endanger the health of the public; *and*

*(3) the* regulation of *emergency medical care services* is in the interest of *the* social well-being and the health and safety of the state and all its people."

Section 2. Section 50-6-302, MCA, is amended to read:

**"50-6-302. Definitions.** *As used in this part, unless* the context requires otherwise, the following definitions apply:

*(1) "Aircraft" has the same meaning given in 67-1-101. The term includes any fixed-wing airplane or helicopter.*

*(2)* "Ambulance" means a privately or publicly owned motor vehicle *or aircraft* that is maintained and used for the transportation of patients. *The term* does not include a motor vehicle *or aircraft* owned by or operated under the direct control of the United States. *The term also does not include air transportation services, such as charter or fixed-based operators, regulated by the federal aviation administration that offer no special medical services or provide only transportation to patients or persons at the direction or under the supervision of an independent physician.*

*(3)* "Board" means the board of health and environmental sciences, provided for in 2-15-2104.

*(4)* "Department" means the department of health and environmental sciences, provided for in Title 2, chapter 15, part 21.

*(5) "Emergency medical service" means a prehospital or interhospital emergency medical transportation or treatment service provided by an ambulance or nontransporting medical unit.*

*(6) "Medical control" means the function of a licensed physician in providing direction, advice, or orders to an emergency medical service provider.*

*(7) "Nontransporting medical unit" means an aggregate of persons who are organized to respond to a call for emergency medical service and to treat a patient until the arrival of an ambulance. Nontransporting medical units provide any one of varying types and levels of service defined by department rule but may not transport patients.*

*(8)* "Patient" means an individual who is sick, injured, wounded, or otherwise incapacitated or helpless. The term does not include a person who is nonambulatory and who needs transportation assistance solely because that person is confined to a wheelchair as his usual means of mobility.

*(9)* "Person" means an individual, firm, partnership, association, corporation, company, group of individuals acting together for a common purpose, or organization of any kind, including a governmental agency other than the United States."

Section 3. **Powers and duties of department.** (1) The department has general authority to supervise and regulate emergency medical services in Montana.

(2) The department shall receive and investigate complaints relating to the operation of any emergency medical service, including complaints concerning:

(a) patient care provided by an emergency medical service;

(b) the condition of any vehicle or aircraft used as an ambulance; or

(c) individual performance by an emergency medical service provider.

(3) Upon completion of an investigation as provided in subsection (2), the department shall take appropriate action, including the institution of necessary legal proceedings, as authorized under this part.

(4) In order to carry out the provisions of this part, the department shall prescribe and enforce rules for emergency medical services. Rules of the department may include but are not limited to the following:

(a) the classification and identification of specific types and levels of prehospital and interhospital medical transportation or treatment services;

(b) procedures for issuing, denying, renewing, and canceling licenses;

(c) minimum licensing standards for each type and level of service, including requirements for personnel, medical control, maintenance, equipment, reporting, recordkeeping, sanitation, and minimum insurance coverage as determined appropriate by the department; and



(d) other requirements necessary and appropriate to assure the quality, safety, and proper operation and administration of emergency medical services.

(5) A rule under this section is not effective until:

(a) a public hearing has been held for review of the rule; and

(b) notice of the public hearing and a copy of the proposed rules have been sent to all persons licensed under 50-6-306 to conduct or operate an emergency medical service. Notice must be sent at least 30 days prior to the date of the public hearing.

Section 4. Section 50-6-304, MCA, is amended to read:

**"50-6-304. Cooperative agreements — gifts, grants, and donations.** *(1)* The department may enter into cooperative agreements with any of the state agencies or political subdivisions for the purpose of carrying out the provisions of this part.

*(2) The department may accept and administer any gift, grant, or donation of funds to carry out the purposes of this part."*

Section 5. Section 50-6-306, MCA, is amended to read:

**"50-6-306. License required.** (1) *A* person *may not conduct or operate an emergency medical* service *without first obtaining* a license *from* the department. A separate license *is* required for each *type and level of service.*

(2) Applications for a license *must* be made in writing to the department on forms specified by the department.

*(3)* Each license *must be issued for a specific term not to exceed 2 years.* Renewal may be obtained by paying the required license fee *and demonstrating compliance with department rules.*

*(4)* The license *is* not transferable."

Section 6. Section 50-6-307, MCA, is amended to read:

**"50-6-307. License fee.** (1) There *must* be paid to the department, with each application for a license or for renewal of a license, a license fee of $35.

(2) The department shall deposit fees with the state treasurer to the credit of the state general fund.

(3) Payment of the license fee stipulated in this part *must* be accepted in lieu of any and all existing state fees and charges for like purposes or intent which may be existent prior to the adoption of this part."

Section 7. Section 50-6-308, MCA, is amended to read:

**"50-6-308. Cancellation of license.** The department may cancel a license if it finds that the licensee has:

*(1)* violated *any provision* of this part *or any rule of the department or order of the department or board;* and

*(2)* failed or refused to remedy or correct the violation."

Section 8. **Waiver of licensing requirements** (1) The department may waive any licensing requirements under this part upon submission and approval of a written application for waiver by a person subject to licensing under this part.

(2) The department may waive a licensing requirement if the person provides sufficient justification to allow a finding by the department that:

(a) the waiver is necessary to avoid significant financial or other hardship; and

(b) granting the waiver would not jeopardize patient care or the public health and safety.

(3) A waiver must be issued on a temporary basis, not exceeding 6 months, and may be renewed by the department upon submission and approval of an additional application for waiver of licensing requirements.

(4) A waiver granted by the department may be revoked for good cause after notice and an opportunity for a hearing before the department have been provided to the person affected by the department's action.

(5) The decision of the department to deny or revoke a waiver under this section may be appealed to the board.

Section 9. Section 50-6-313, MCA, is amended to read:

**"50-6-313. Inspections.** (1) The department shall make necessary investigations and inspections for enforcement of this part.

(2) The department shall make regular inspections as the rules of the department may direct and special inspections which *it considers* necessary.

(3) The department has free access at all reasonable hours to *the place of business of any person operating an emergency medical service in order* to make *necessary* inspections. *These inspections may include the inspection of any equipment or records pertaining to the activities of the emergency medical service.*

*(4) A person may not refuse entry or access to an authorized representative of the department who presents appropriate credentials and requests entry for the purpose of conducting an inspection necessitated under this section. A person may not obstruct, hamper, or interfere with an inspection that is properly conducted pursuant to this section.*

*(5) Upon request, the owner or operator of an emergency medical service must receive a report stating all facts that relate to his compliance with the provisions of this part as determined by the department, based upon its inspection.*"

Section 10. **Injunction to require compliance.** (1) The department may seek an injunction from an appropriate district court to require compliance with this part or to require compliance with a rule of the department or an order issued by the department or board. The court to which the department applies for an injunction may issue a temporary restraining order if there is reasonable cause to believe that the allegations of the department are true.



(2) An action for injunctive relief initiated by the department pursuant to subsection (1) may be commenced in the district court of the county in which the defendant is located, resides, or is doing business. If the defendant cannot be located in Montana, the action may be commenced in the county where the violation is alleged to occur or have occurred, and the court has jurisdiction to restrain the violation and require compliance.

Section 11. **Administrative enforcement.** (1) If the department believes that there is a violation of this part or a violation of a rule of the department, it may serve notice of the violation upon the alleged violator or his agent. Service of notice must be by certified mail and is complete on the date of mailing.

(2) Notice required under subsection (1) must:

(a) specify the provision of this part or the rule alleged to be violated;

(b) contain a statement of the facts alleged to constitute a violation; and

(c) include an order that the alleged violator take necessary corrective action within a reasonable period of time as stated in the order. The order may include corrective action, such as decertification of a specific vehicle or aircraft from use as an ambulance or restriction on the use of a specific individual or type of or level of service in providing emergency medical service.

(3) An order issued pursuant to subsection (2) becomes final unless the person named in the order requests a hearing before the board. Such request for a hearing must be made in writing to the board at least 30 days after the date of service of notice of an alleged violation. On receipt of the request, the board shall schedule a date for a hearing.

(4) If, after a hearing, the board finds that a violation has occurred, it shall either affirm or modify the order issued by the department. An order issued by the board may prescribe the date by which the violation must cease and may prescribe time limits for corrective action. If, after a hearing, the board finds no violation has occurred, it shall rescind the department's order.

Section 12. **Advisory committee.** (1) The board or department may establish an advisory committee to assist in making determinations regarding:

(a) a request for waiver of licensing requirements as provided in [section 8];

(b) the resolution of a complaint as described in [section 3]; and

(c) issuance of an order authorized under this part.

(2) The advisory committee must be established pursuant to rules adopted by the department.

Section 13. Section 50-6-314, MCA, is amended to read:

**"50-6-314. Authority of board or department to compel and take testimony.** In any proceeding under this part, the board *or department* may administer oaths, issue subpoenas, summon witnesses, and take testimony of any person within the state."

Section 14. Section 50-6-315, MCA, is amended to read:

**"50-6-315. County attorney to prosecute violations.** When the department furnishes evidence to the county attorney of a county in this state, the county attorney shall prosecute any person violating this part or *any rule of the department or order issued by the department or board.*"

Section 15. Section 50-6-316, MCA, is amended to read:

**"50-6-316. Criminal penalties.** Any person violating any provision of this part or *any rule of the department or order issued by the department or board* shall be guilty of a misdemeanor and upon conviction shall be fined not less than $50 or more than $100 for the first offense, not less than $75 or more than $200 for the second offense, and for third and subsequent offenses, not less than $200 or more than $500 or imprisoned in the county jail not to exceed 90 days."

Section 16. **Civil penalties.** (1) A person who violates any provision of this part or any rule of the department or order issued by the department or board is subject to a civil penalty not to exceed $1,000 for each violation. Each day of violation constitutes a separate violation.

(2) An action commenced under this section does not bar administrative enforcement of this part as provided in [section 11] or an injunction as provided in [section 10].

(3) If the department has reason to believe that a person has violated any provision of this part or any rule of the department or order issued by the department or board, it shall bring an action in the name of the state against such person to impose, assess, and recover the civil penalties as provided in subsection (1).

(4) Any civil penalty collected under this section is in lieu of the criminal penalty provided for in 50-6-316.

(5) All penalties collected under this section must be transmitted to the state treasurer for deposit in the state general fund.

Section 17. **Repealer.** Sections 50-6-303, 50-6-305, 50-6-309, and 50-6-312, MCA, are repealed.

Section 18. **Codification instruction.** [Sections 3, 8, 10 through 12, and 16] are intended to be codified as an integral part of Title 50, chapter 6, part 3, and the provisions of Title 50, chapter 6, part 3, apply to [sections 3, 8, 10 through 12, and 16].

Section 19. **Saving clause.** [This act] does not affect rights and duties that matured, penalties that were incurred, or proceedings that were begun before [the effective date of this act].



Section 20. **Severability.** If a part of [this act] is invalid, all valid parts that are severable from the invalid part remain in effect. If a part of [this act] is invalid in one or more of its applications, the part remains in effect in all valid applications that are severable from the invalid applications.

Section 21. **Effective dates.** (1) [Section 3 and this section] are effective on passage and approval.

(2) [Sections 1, 2, and 4 through 20] are effective January 1, 1990.

Approved March 30, 1989.

## CHAPTER NO. 388

[SB 421]

AN ACT AUTHORIZING THE GOVERNOR TO ENTER INTO AGREEMENTS WITH ANY CANADIAN PROVINCE, GRANTING RECIPROCAL APPLICATION OF THE WORKERS' COMPENSATION LAWS OF THIS STATE TO MONTANA EMPLOYERS AND WORKERS; ESTABLISHING CONDITIONS FOR RECIPROCAL AGREEMENTS; REQUIRING DENIAL OF RECIPROCITY IF NO AGREEMENT IS REACHED; AND PROVIDING AN IMMEDIATE EFFECTIVE DATE.

*Be it enacted by the Legislature of the State of Montana:*

Section 1. **Reciprocal agreements with Canadian provinces.** Subject to the conditions provided in [section 2], the governor may enter into agreements with duly authorized representatives of any Canadian province, granting reciprocal application of the workers' compensation laws of this state to Montana employers and workers if they are temporarily engaged in work in that province.

Section 2. **Conditions for reciprocal agreements.** An agreement entered into under [section 1] must contain provisions that extend to Montana employers and workers the same privileges, benefits, and exemptions from payment of taxes and premiums for workers' compensation coverage as provided under the laws of this state. The agreement must, in the judgment of the governor, be fair and equitable and in the best interests of the citizens of this state.

Section 3. **Denial of reciprocity.** Beginning [6 months after the effective date of this act], the workers' compensation laws of this state apply to any employer or worker of a Canadian province temporarily engaged in work within this state if the province has not entered into an agreement as provided for in [section 1].

Section 4. **Codification instruction.** [Sections 1 through 3] are intended to be codified as an integral part of Title 39, chapter 71, part 4, and the provisions of Title 39, chapter 71, part 4, apply to [sections 1 through 3].

"push" from the Legislature would help them along.

Questions From Committee Members: None

Closing by Sponsor: Senator Hager had no further closing remarks.

DISPOSITION OF SENATE JOINT RESOLUTION 14

Discussion: None

Amendments and Votes: None

Recommendation and Vote: Senator Himsl made a motion that SENATE JOINT RESOLUTION 14 DO PASS. Senators in favor, 7; opposed 0.

HEARING ON SENATE BILL 407

Presentation and Opening Statement by Sponsor: Senator Hager advised that Senator Judy Jacobson, chief sponsor of SB 407, was not present to provide her opening statement.

List of Testifying Proponents and What Group they Represent:

Drew Dawson, Chief, Emergency Medical Services Bureau, Montana Department of Health and Environmental Sciences
Rick Bandy, President, Montana Emergency Medical Services Association
Jack McMahon, M.D., Chairman of Montana Medical Association Legislative Committee
Sharon Dieziger, Montana Nurses Association
Richard Seddon, Montana State Firemen's Association
Art Bicsak, Montana Private Ambulance Operators
Bill Weber, Fire Marshal, City of Belgrade
Gary Haigh, EMT, EMS Region 1B
Beverly Clagett, Missoula Community Transport Service
Lyle Nagel, Montana State Volunteer Firefighters
Owen Warren, American Association of Retired Persons
Kathleen Cornelius, Fallon County Ambulance Association
John Semple, Montana Aviation Trades Association

List of Testifying Opponents and What Group They Represent:

None

Testimony:

Drew Dawson stated he is Chief of the Emergency Medical

Services Bureau in the DHES, and was pleased to testify as a proponent of SB 407, which was introduced at the request of the department. He read and submitted his written testimony to the committee (Exhibit #10).

Rick Bandy, President of the Montana Emergency Medical Services Association, stated this group is a professional organization that represents EMTs who serve on ambulance services, and they are the only organization which speaks on behalf of pre-hospital emergency care providers. He read and provided his written testimony to the committee (Exhibit #11). He urged a do pass recommendation on this bill.

Jack McMahon, a Helena surgeon, stated he is the Chairman of the Montana Medical Association Legislative Committee, and a member of the American College of Surgeons Committee on Trauma. All of these organizations strongly support SB 407. He stated they have one problem with the proposed amendment because it totally excludes all fixed-wing air ambulance services. He told of a rural situation where on a routine basis the hospital will be transporting patients that may need monitoring. If they were transported in a ground ambulance, that would be acceptable. However, if they put these patients in a local airplane without the necessary support, it is a different situation. The suggested amendments will address this concern.

Sharon Dieziger, representing the Montana Nurses Association, stated she is speaking in favor of SB 407. She stated the EMS Bureau has worked diligently through an advisory committee with broad representation to reach a compromise on this legislation. She believes this is the best attempt they have seen to provide better pre-hospital care. It should not financially impact either the rural or the metropolitan health care to a great extent. According to Ms. Dieziger, there is no question that the ambulance laws must be updated. As a Director of the Mercy Flight Helicopter service and as a representative of Montana Nurses Association, she applauds all efforts towards licensure and standards of these services, and would support the recommendations and amendments proposed by Dr. McMahon.

Richard Seddon, Secretary-Treasurer of the Montana Firemen's Association, stated he was also a member of the advisory committee which drew up this plan. He stated he is an 18-year member of the Kalispell Fire Department, and added that the EMS committee, the Fire Department, and the Montana State Firemen's Association would like to go on record as being in favor of this

bill.

Art Bicsak stated he is president of Bicsak Ambulance of Great Falls and is representing the Montana Private Ambulance Operators. He stated his organization transports over 80% of the total number of patients transported in Montana. He urged that the committee pass SB 407.

Bill Weber stated he represents a number of different facets from EMS. He stated he is chief of the Rae Volunteer Fire Company which provides quick response unit activities west of Bozeman; Fire Marshal of the city of Belgrade, and also an ambulance attendant for Hall's Emergency in Bozeman. He stated he is an EMT and he responds to 500 calls per year. He told of a small, fly-by-night company which claimed to be a representative in numerous states. They obtained a Montana ambulance license and also had a temporary FCC license that had been obtained by questionable means. The company had numerous complaints against them about the quality of patient care; however, there was no means to address these under current Montana law. Ultimately the EMS Bureau was unable to help in this problem since their criteria allowed for what they were doing. The new presentation of SB 407 would help alleviate this problem. He stated that by allowing the EMS Bureau to administer the emergency services in Montana through rule making, EMS in Montana will improve. He stated in their case they are looking at medical intervention and they must have the ability to provide definitive measures within that time period. This regulation will allow that. He urged that the committee members support this bill.

Gary Haigh stated he is an EMT from Ennis and EMS Region 1B strongly supports SB 407. He read and submitted his written testimony to the committee (Exhibit #12).

Beverly Clagett advised that she is a nurse at Missoula Community Medical Center. She stated that the need of air ambulance service has developed and they see the need currently for recognition of air ambulance regulation to safeguard the public. She stated they hope SB 407 will establish these guidelines so the program can continue to exist.

Lyle Nagel, Secretary-Treasurer of the State Volunteer Firefighters Association, and also a member of the Emergency Medical Quick Response Unit, stated he sees some problems arising since the Quick Response came into existence. The regulation portion of this bill

would help alleviate some of these problems, in Mr. Nagel's opinion. He submitted written testimony, and urged support of SB 407. (Exhibit #14)

Owen Warren, American Association of Retired Persons, stated that the Legislative Committee of AARP supports SB 407. He read and submitted his written testimony to the committee (Exhibit #13).

Kathleen Cornelius, an EMT from Baker, and director of the Fallon County Ambulance Association, stated she wanted to emphasize the position of rural support for this bill. The bill would provide the department with the capability and flexibility in making regulations. According to Ms. Cornelius, this bill also addresses registration of different levels of services to guarantee to the public that there is some kind of accountability. She believes this bill would help provide the best pre-hospital care possible, and she recommends passage of SB 407.

John Semple, Montana Aviation Trades Association, stated he would be happy to answer any questions regarding air transportation services.

Questions from Committee Members:

Senator Himsl asked Senator Jacobson if she agreed with the amendments suggested by Dr. McMahon. She stated that those were the amendments which she proposed, and Dr. McMahon suggested adding a sentence. She stated they have been negotiating for some time with people who transport by fixed wing aircraft, and if this amendment would make those negotiations fall apart, she would not support it. John Semple stated that they are basically a charter air transportation service and the people belonging to his organization do not feel they need to be regulated since they do not consider themselves life support air ambulance systems. Senator Jacobson stated she would prefer to leave the amendments as they are.

Senator Himsl asked if the criminal penalty has ever been exercised. Drew Dawson stated as far as he knows it have never been exercised. In regard to a fiscal note, Mr. Dawson stated none has been requested. No additional costs are indicated.

Senator Norman asked why this must be on passage and approval. In reply, Mr. Dawson advised the rule making process is on passage and approval so work could begin on the rules right away. However, the effective date of the requirements will be January 1, 1990.

Closing by Sponsor: Senator Judy Jacobson stated that they have been working with a committee for the last four years. She stated she would recommend the bill. She pointed out that there were no opponents today, and previously there were quite a few. She stated the amendment to the Statement of Intent has to do with the sunrise provision. She wished to clarify that they are not licensing people, so they do not feel that there is a problem there. She believes the other amendments are necessary.

## DISPOSITION OF SENATE BILL 407

Discussion: Senators Hager and Jacobson briefly explained the purpose and intent of the amendments.

Amendments and Votes: Senator Norman made a motion that THE AMENDMENTS BE ADOPTED. Senators in favor, 7; opposed,0.

Recommendation and Vote: Senator Himsl made a motion that SENATE BILL 407 DO PASS AS AMENDED. Senators in favor, 7; opposed, 0.

## HEARING ON SENATE BILL 437

Presentation and Opening Statement by Sponsor: Senator Bill Norman, Senate District #28, advised that this is a bill relating to aids, which is an infectious disease. However, he stated there is much more involved - money, social aspects, moral aspects, emotion, prejudice and ignorance. He stated this bill does two things (1) it relates to HIV testing, and also (2) relates to confidentiality. Medical personnel on all levels are involved in this issue, as are insurance companies, public agencies, courts and patients who may be adults or infants. He stated there are extensive amendments, and he gave a hypothetical example of the various situations that could be encountered.

List of Testifying Proponents and What Group they Represent:

Jack McMahon, M.D., Chairman, Montana Medical Association Legislative Committee
Ellen Leahy, Acting Health Officer, Missoula Health Department
John Ortwein, Montana Catholic Conference
Neil Egan, Helena Aids Support Network
Linda Henderson, R.N., Montana Nurses' Association

PUBLIC HEALTH COMMITTEE

51st LEGISLATIVE SESSION -- 1989 Date 2/17/89

| NAME | PRESENT | ABSENT | EXCUSED |
|---|---|---|---|
| Sen. Tom Hager | X | | |
| Sen. Tom Rasmussen | X | | |
| Sen. Lynch | X | | |
| Sen. Himsl | X | | |
| Sen. Norman | X | | |
| Sen. McLane | X | | |
| Sen. Pipinich | X | | |
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Each day attach to minutes.

# SENATE STANDING COMMITTEE REPORT

February 17, 1989

MR. PRESIDENT:

We, your committee on Public Health, Welfare, and Safety, having had under consideration SB 407 (first reading copy -- white), respectfully report that SB 407 be amended and as so amended do pass:

1. Page 2, lines 9 through 10.
Following: "services" on line 9
Strike: remainder of line 9 through "units" on line 10
Insert: "such as fixed wing aircraft which provide life support services, including medical personnel and medical equipment; initial response rotary wing aircraft; and nontransporting medical units. The department shall exclude from regulation air transportation services such as charter or fixed based operators regulated by the Federal Aviation Administration that offer no special medical services or provide only transportation to patients or persons at the direction or under the supervision of an independent physician"

2. Page 4, line 19.
Following: line 18
Insert: "The term also does not include air transportation services such as charter or fixed based operators regulated by the Federal Aviation Administration that offer no special medical services or provide only transportation to patients or persons at the direction or under the supervision of an independent physician."

AND AS AMENDED DO PASS

Signed: _____
Thomas O. Hager, Chairman

2-15-89

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SENATE HEALTH & WELFARE
EXHIBIT NO. #10
DATE 2/17/89
BILL NO. 407

SB 407
TESTIMONY OF DREW DAWSON, CHIEF
EMERGENCY MEDICAL SERVICES BUREAU
MONTANA DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES

Mr. Chairman, and members of the committee. I am Drew Dawson, Chief of the Emergency Medical Services Bureau in the Department of Health and Environmental Sciences. I am pleased to testify as a proponent of Senate Bill 407 which was introduced at the request of the department.

For several years an Emergency Medical Services Advisory Council, composed of eighteen different organizations and individuals, has been developing an updated state emergency medical services plan. The Council has been chaired by Senator Jacobson.

We have made a big effort to secure the input and recommendations of emergency medical services providers throughout Montana. Last spring we distributed an opinion survey to approximately 5,000 EMS providers and local government officials. In December, 1988, we held public information sessions at ten locations throughout Montana to solicit public input regarding the Advisory Council recommendations; the content of SB 407 was included in these hearings. Based on the survey and the public hearings, we have made a substantial number of changes to the original recommendations.

As the plan's first priority, the EMS Advisory Council recommended updating the Montana Ambulance Licensing Law. Their recommendations are reflected in Senate Bill 407.

The Montana Ambulance licensing law was adopted in 1971. Although the training and technology of emergency medical services has changed considerably since then, there has been only one minor amendment to the ambulance licensing law. This law has simply not kept pace with the advances in emergency medical services.

PROBLEMS WITH EXISTING LAW

There are a number of problems with the existing statute:

*The list of ambulance equipment referred to is a 1967 American College of Surgeons list. The College of Surgeons has updated their list several times since 1967.

*The wording is very vague, contradictory and often unenforceable. Although it does not happen frequently, there have been several obvious problems with ambulance services with which we have not been able to take appropriate enforcement action.

*There are many details contained in the law which don't allow the flexibility of change as advances are made in emergency medical services.

*The minimum level of training specified is Advanced First Aid and Emergency Care. This was adopted prior to the advent of EMT training and other levels of emergency medical services training and certification.

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SB407

*The statute refers only to Basic Life Support ground ambulance services. It does not allow for different types and levels of ambulance service - e.g. allowing for differing requirements for Basic Life Support ambulance services and Advanced Life Support Ambulances.

*While ground ambulances must meet certain minimum licensing standards, there are no standards for air ambulance services, either fixed wing or helicopter.

*As emergency medical services systems have matured, other methods of delivering pre-hospital care have developed - such as Quick Response Units and other types of non-transporting medical units. These units are not required to meet any minimal standards.

*The method of granting variances from rules is very awkward. Also, there is no provision for involving EMS providers in advising the department in enforcement and/or variance actions.

SUMMARY OF SENATE BILL 407

Senate Bill 407 does the following:

*Repeals some of the outdated sections

These sections primarily concern equipment and training requirements.

*Provides for the department to classify, by rule, the various types and levels of emergency medical services and provides the licensure of non-transporting medical units and air ambulances in addition to the ground ambulance services.

Emergency medical services providers, often volunteers in your communities, offer essential services. To assure the public health and safety, we feel there is a need to assure each of the emergency medical services (ground ambulances, air ambulances, and non-transporting medical units) meet minimum standards. With the variety of types and levels of services which have evolved in recent years, there is a need for differing standards for various types and levels of services.

For instance, advanced life support units, staffed by paramedics or nurses, clearly have different requirements from units staffed by basic emergency medical technicians. Helicopter ambulance services, responding directly to the scene of medical emergencies and accidents, have differing requirements from fixed wing services which primarily provide transportation between hospitals or medical facilities. Rural fixed-wing air ambulance services which occasionally provide transportation services under the direction of their local physician have differing requirements from full time air ambulance services which are fully equipped and trained to regularly and routinely transport critically ill and injured patients.

Although each of these situations are different, we feel there should be some minimal standards for each different type and level of service. Because we want to build an emergency medical services system throughout Montana, these standards need to clearly recognize the rural nature of Montana and need to be "doable".

The amendments presented require that only those fixed wing services which provide life support personnel equipment and training would be defined as an air ambulance. Charter and fixed base operators which provide no special medical care and provide transportation services only and at the request of a physician would not be defined as an air ambulance.

Because helicopter ambulance services often respond directly to the scene of an emergency and because the public needs to be assured of their equipment and level of training, we propose these services must be licensed.

*Provides authority to the department to investigate complaints and clarifies the enforcement actions allowed by the department.

Complaints about ambulance services are not frequent. However, when there is a complaint, there should be the ability to investigate the complaint and, if necessary, to take appropriate enforcement action. Under the current law, investigation and enforcement action is nearly impossible. If we receive a complaint about the type of care rendered on an ambulance, or about ambulance operations, no matter how flagrant the problem may be, we do not have the capability to investigate or to assure corrective action is taken.

SB 407 would allow for investigation of complaints and would allow the department to take several types of corrective action. The legislation also allows for an appeals process. To assure that there is some peer review, the proposed legislation provides for an advisory committee of EMS providers to advise the department and/or the board regarding enforcement actions.

*Establishes procedures for waiver of rules.

Although we will do our best to develop rules which are realistic for Montana, communities will sometimes be faced with extenuating circumstances which are beyond their control. For this reason, we strongly encourage a method of waiving any of the various requirements.

*Provides rule-making authority to the department regarding licensing standards, classification of services, application procedures and some operational procedures.

Some of the suggested rules have already been presented in the state EMS plan and have been scrutinized in the public information sessions held in December, 1988. Any of the rules will be developed in concert with the persons affected by them.

As identified in the Statement of Intent, the rules must reflect the unique needs of rural Montana and should not be so stringent that the provision of emergency medical care will unreasonably difficult or expensive. We are very

strongly committed to the development of realistic and reasonable rules for Montana's EMS providers.

*Provides for a two-year licensing period for all emergency medical services rather than the one-year period under the current law.

OTHER COMMENTS

As we have traveled throughout the state and have solicited input and recommendations concerning this legislation, there have been several areas which need explanation to the committee:

We have had numerous discussions regarding the minimum personnel training requirements (to be established by rule) for basic life support ground ambulance services. While we originally proposed the requiring of two Emergency Medical Technicians on ambulance services within five years, the input from field EMS providers have clearly illustrated this is not currently feasible. During the public hearing process, and in cooperation with the EMS providers represented, we arrived at a compromise. We are recommending the rules would require one EMT by October, 1995, allowing First Responders with supplemental training to serve on ambulance services and modifying our training program to allow persons to progress more easily from one level of training to another.

There definitely will be no rules regarding the maximum age or number of miles of ambulance vehicles.

SUMMARY

This legislation updates the ambulance licensing law, extends this to air ambulance and non-transporting medical units and allows for the adoption of reasonable rules by the department.

Based on all of the public input we have received, and the modifications we have made, we feel this is a good piece of legislation which would allow the establishment of reasonable requirements. I urge your favorable consideration.

Thank you for the opportunity to testify.

SENATE HEALTH & WELF
EXHIBIT NO. #11
DATE 2/17/87
BILL NO. SB 407

TESTIMONY OF RICK BANDY, PRESIDENT
MONTANA EMERGENCY MEDICAL SERVICES ASSOCIATION

CONCERNING SENATE BILL 407

Mr. Chairman, members of the committee. My name is Rick Bandy. I am President of the Montana Emergency Medical Services Association. MEMSA is a professional organization that represents EMTs who serve on ambulance services. We are the only organization that speaks on behalf of prehospital emergency care providers. I am also a member of a rural ambulance service in Phillips County.

Senate Bill 407 is a long overdue attempt at revising an antiquated law that causes serious problems for ambulance services.

Fmergency medical services is a young and dynamic field that is constantly changing. By taking specific regulations out of the law and putting them in the rules, it allows the state to be more responsive to the needs and changes in emergency medical services.

Our organization developed a state wide protocol manual which tell EMTs how to treat different types of illnesses and injuries. MEMSA updates this book of protocols every two years because our profession is constantly changing and improving the ways we take care of patients.

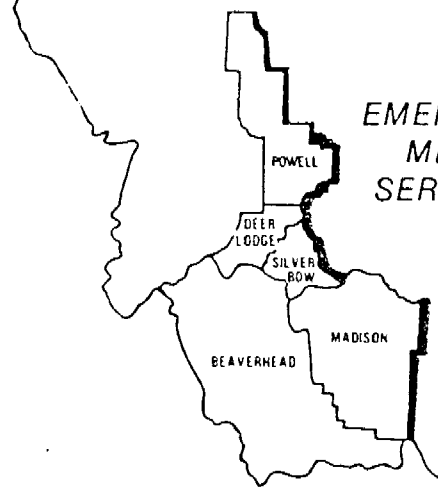
Senate Bill 407 would allow the state to be more responsive to the changes in our field also.

As a member of a rural ambulance service, I have experienced the frustrations of working with the current, outdated law. We are told that we have to carry equipment that will not be used and if we do not have that equipment, we have to spend money to buy it. This list of equipment in the current law is totally inadequate and does not include minimal life-saving equipment that needs to be carried on every ambulance.

There are enough checks and balances in the rules process that we are not concerned about something being included that would be to the detriment of emergency medical services. It would allow the system to be flexible and responsive to Montana's emergency medical services system.

The Montana Emergency Services Association urges a do pass recommendation on Senate Bill 407.

HEALTH & WELFARE
EXHIBIT NO. #12
DATE 2/20/89
BILL NO. SB 407




EMERGENCY MEDICAL SERVICES
EMS
REGION 1B.
400 SOUTH CLARK STREET
BUTTE, MONTANA 59701
TELEPHONE 782-8361
Extension 4331

February 17, 1989

I'm Gary Haigh an EMT from Ennis and I'm here on behalf of EMS Region 1B Inc. EMS Region 1B is comprised of representatives from the Anaconda Ambulance, Beaverhead Ambulance (in Dillon), Butte EMS System, Deer Lodge Ambulance, Ennis Ambulance and Ruby Valley Ambulance.

First I would like to express a personal opinion. It is time that the legislature start giving serious consideration to emergency medical services in our state. We have laws requiring fire and police protection to keep our property safe but there is nothing that requires the existence of EMS to protect and preserve our lives. This legislation is a step in the right direction.

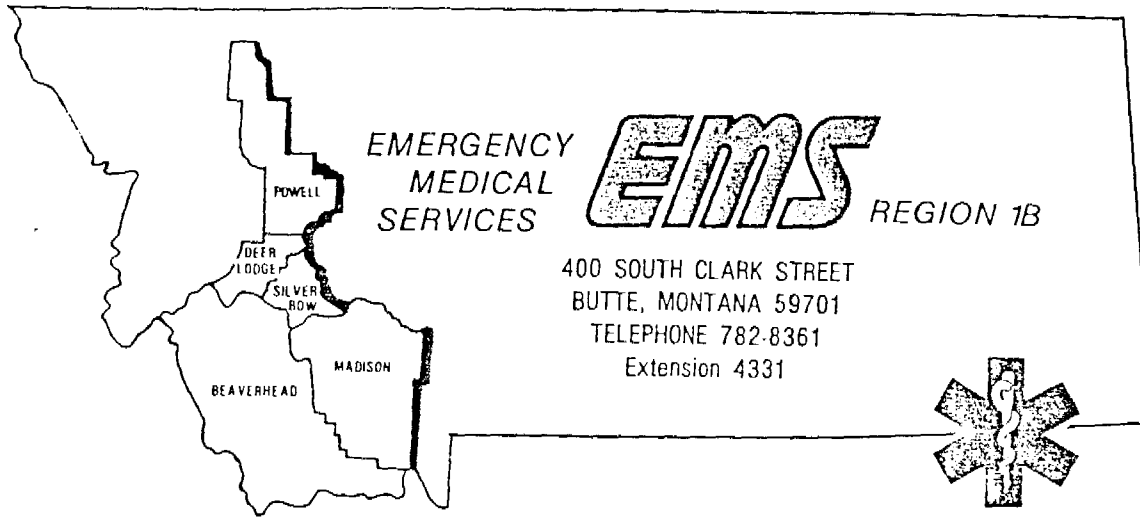
EMS Region 1B strongly supports Senate Bill 407. From the perspective of the rural EMS system this legislation would:

Replace an outdated equipment list for ambulances with a mechanism to create and update a minimum equipment list that is both practical and functional.

Provide the dedicated EMS volunteer with a greater opportunity to influence the rules and regulations that govern their operation.

Establish a clear method through which a service, that due to lack of funding and\or available volunteers can apply for and receive a waiver of licensing requirements.

Create legal standing for nontransporting emergency medical units, better known as quick response units. This would enable these units to acquire liability and malpractice insurance.




EMERGENCY MEDICAL SERVICES EMS REGION 1B

400 SOUTH CLARK STREET
BUTTE, MONTANA 59701
TELEPHONE 782-8361
Extension 4331

Emergency medical services is a dynamic and rapidly changing field. As old levels of training change and new training is created our minimum levels of training for EMS personnel must also be able to change. This legislation would provide the needed flexibility through the rule, regulation and public hearing process.

Generally clarify the EMS Transportation Laws enabling the average EMS provider to understand them.

For these and other reasons EMS Region 1B Inc. actively supports this bill.

Sincerely

Gary R. Haigh
Ennis Ambulance Representative

EXHIBIT NO. #13
DATE 2/17/89
BILL NO. 407

1988-1989
MONTANA STATE LEGISLATIVE COMMITTEE


CHAIRMAN
Mrs. Molly L. Munro
4022 6th Avenue South
Great Falls, MT 59405
(406) 727-5604

VICE CHAIRMAN
Mr. Fred Patten
1700 Knight
Helena, MT 59601
(406) 443-3696

SECRETARY
Mr. John C. Bilodeau
1405 West 31st Street
Kalispell, MT 59901
(406) 857-7535


February 17, 1989

TO: Senate Public Health, Welfare and Safety Committee

FROM: Owen Warren, American Association of Retired Persons

RE: In Support of SB 407, An Act to Generally Revise and Clarify the Laws Relating to Emergency Medical Services

The Montana State Legislative Committee of AARP supports this bill for the following reasons:

In reading the information on the subject furnished by Mr. Drew Dawson, Chief of the Emergency Medical Services Bureau, we can agree that a 1971 licensing law and a 1967 standard for equiping ambulances could hardly meet the standards expected by the demanding public of today.

We are well informed today of modern technology in life saving techniques and in life saving emergencies we expect the best.

Therefore, we salute our guardians of life in times of emergency, for being knowledgable and sensative to these modern day needs of the public.

We recommend you give this your favorable consideration.

SB 407
2/17/89

Amendments to Senate Bill No. 407
First Reading Copy

Requested by Senator Jacobson
For the Senate Public Health, Welfare and Safety Committee

Prepared by Tom Gomez, Staff Researcher
February 17, 1989

1. Page 2, lines 9 through 10.
Following: "services" on line 9
Strike: remainder of line 9 through "units" on line 10
Insert: "such as fixed wing aircraft which provide life support services, including medical personnel and medical equipment; initial response rotary wing aircraft; and nontransporting medical units. The department shall exclude from regulation air transportation services such as charter or fixed based operators regulated by the Federal Aviation Administration that offer no special medical services or provide only transportation to patients or persons at the direction or under the supervision of an independent physician."

2. Page 4, line 19.
Following: line 18
Insert: The term also does not include air transportation services such as charter or fixed based operators regulated by the Federal Aviation Administration that offer no special medical services or provide only transportation to patients or persons at the direction or under the supervision of an independent physician."

2/17/89

Amendments to Senate Bill No. 407
First Reading Copy

Requested by Senator Jacobson
For the Senate Public Health, Welfare and Safety Committee

Prepared by Tom Gomez, Staff Researcher
February 17, 1989

1. Page 3, line 14.
Following: line 13
Insert: "(6) It is not the intent of the legislature, in enacting this bill, to license individual occupations or professions as contemplated under Title 2, chapter 8, part 2. Instead, this bill is intended to expand regulation of emergency medical services. Therefore, this bill is not subject to the requirements of Title 2, chapter 8, part 2, or 5-4-207, which requires that a legislative audit committee report be attached to any bill reported out of a committee of the legislature that proposes to add to the duties of an existing licensing board responsibility for licensing of another occupation or profession."

WITNESS STATEMENT

NAME: Lyle Nagel DATE: 2-17-89

ADDRESS: Box 93 Simms Mt. 59477

PHONE: 264 5850

SENATE HEALTH & WELFARE
EXHIBIT NO. # 14
DATE 2/17/89
BILL NO. SB407

REPRESENTING WHOM? Mont. St. Vol. Firefighters Assn.

APPEARING ON WHICH PROPOSAL: SB407

DO YOU: SUPPORT? ✓ AMEND? _____ OPPOSE? _____

COMMENTS: EMS has progressed so that emergency care at the scene service is now available to patients in need although this is a very valid while program it is not all [illegible] problems. This bill addresses these problems by requiring the providers of the service. A provision exists in the bill for waiver of licensing if it creates a hardship for the provider. There are people attempting to provide this service that are not fully qualified and this bill addresses the problem. Volunteer ambulance medical units are a vital and [illegible] for care system. Most are regulated [illegible] Another [illegible] in favor of this bill is section 12. [illegible] Most of the people [illegible] provided by ambulance volunteers. The committee would provide these people with an opportunity to have some input in the rule or regulation making procedure.

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

The right to hearings and to results of the hearing is also beneficial.

VISITORS' REGISTER

STATE ADMINISTRATION COMMITTEE

Public Health

DATE: 2/17/89

| NAME | REPRESENTING | BILL # | Support | Oppose |
|---|---|---|---|---|
| Gary R Haugh | EMS Region IB | 454 407 | X | |
| Owen Warren | AARP. | 407 | X | |
| [illegible] | Tobacco Fact | 426 | X | |
| Robert R Johnson | L+C Health Dept | 426 | ✓ | |
| Robert R Johnson | L+C Health Dept | 437 | ✓ | |
| Karen Lundeen | Self Helena | 426 | ✓ | |
| Mary Beth Tooley | Montana AIDS Coalition | 437 | ✓ | |
| [illegible] | [illegible] | [illegible] | X | |
| [illegible] | [illegible] | 437 | | ? Amend |
| BEVERLY CLAGETT | MISSOULA COMMUNITY TRANSPORT SERVICE | 407 | ✓ | |
| LARRY AREY | MT HEALTH NETWORK | 407 | ✓ | |
| " | MT ASSOC OF LIFE UNDERWRITERS | 437 | | AMEND |
| Dan Ahrens | MT Hosp Assoc | 437 | | |
| APRIL MICKOY | Garfield-Mnb. Service | 407 | X | |
| Ada Wessling | Garfield Mnd. Ser. | 407 | X | |
| Nina Sanders | MT Women's Lobby | 437 | X | |
| John Peterson | MT Catholic Conf | 437 | X | |
| Brenda Nordlund | MT Women's Lobby | 437 | X | |
| Bonnie Lafer | Mole. AIDS Council | 437 | X | |
| Lois T. Skinner | MT Nurses Assoc. | 437 | X | |
| Barbara Fitzgerald | MT Nurses Assn | 407 454 | X | |

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY

VISITORS' REGISTER

STATE ~~ADMINISTRATION~~ COMMITTEE Public Hea

DATE: 2/17/89

| NAME | REPRESENTING | BILL # | Support | Oppose |
|---|---|---|---|---|
| John Edwards | MMA | 407 | X | |
| John McMaster | MMA | 437 | X | |
| Shawn Dierigen | MMA | 407 | X | |
| Brian Asay | MT. Family Coalit. | 437 | | X |
| Lyle Nagel | MT St. Vol Firefighters | 454 | X | |
| " | " | 407 | X | |
| Henry E Lohse | MT St. Vol Firefighters | 454 | X | |
| " " | " " | 407 | X | |
| RICHARD SEDDON | MT. ST. FIREMENS ASSOC | 407 454 | X | |
| Bill Webber | Rae FD / Belgrade FD / Hills Emerg | 407/454 | X | |
| MIKE FIORENTINO | HELENA EMERGENCY | 407/454 | X | |
| TIM BERESTROM | BILLINGS FIRE FIGHTERS | 454 | X | |
| Toni Jensen | Rudy Mt Tobacco Stud | 426 | X | |
| Jim Luther | Health Dept | 426 | X | |
| Karen Malumi | Cancer Society | 426 | X | |
| Gerry Barker | Lung Assoc. | 426 | X | |
| Peter Van Nuis | Private / 1ST Bank | 426 | X | |
| Shelley Olson | Cancer Society | 426 | X | |
| Kathleen Cornelius | Falcon Co. Ambulance Assn | 454 407 | X X | |
| Rick Bandy | MONTANA EMS ASSOC | 454 407 | X | |
| ART BIGSAK | MT PRIVATE AMBOR. | 454 407 | X | |

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY

DATE 2/17/89

COMMITTEE ON Public Health

VISITORS' REGISTER

| NAME | REPRESENTING | BILL # | Check One | |
|---|---|---|---|---|
| | | | Support | Opp |
| Drew Dawson | Dept Health & Es | 407 454 | ✓ | |

ROLL CALL VOTE

SENATE COMMITTEE PUBLIC HEALTH

Date 2/7/89 Bill No. 407 Time

| NAME | YES | NO |
|---|---|---|
| SEN. TOM HAGER | X | |
| SEN. TOM RASMUSSEN | X | |
| SEN. LYNCH | X | |
| SEN. HIMSL | X | |
| SEN. NORMAN | X | |
| SEN. McLANE | X | |
| SEN. PIPINICH | X | |
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Louise Sullivan
Secretary

Sen. Tom Hager
Chairman

Motion: Sen Norman made a motion to adopt amendments. 7 - in favor 0 - 0 opposed

1989

ROLL CALL VOTE

SENATE COMMITTEE PUBLIC HEALTH

Date 2/17/89 Bill No. #SB 407 Time

| NAME | YES | NO |
|---|---|---|
| SEN. TOM HAGER | X | |
| SEN. TOM RASMUSSEN | X | |
| SEN. LYNCH | X | |
| SEN. HIMSL | X | |
| SEN. NORMAN | X | |
| SEN. McLANE | X | |
| SEN. PIPINICH | X | |
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Louise Sullivan
Secretary

Sen. Tom Hager
Chairman

Motion: Senator Himsl made a motion that SB 407 DO PASS AS AMENDED. In favor 7 opposed 0

1989

Walsh stated that in the appropriations legislation, it could be done. Rep. Simon also asked if general fund money could be used for foster care and Ms. Taylor stated that it did. Rep. Simon then stated that the original purpose of this bill was to keep the money under control would be lost if the statute were repealed.

Closing by Sponsor: Senator Pipinich closed on the bill.

DISPOSITION OF SB 214

Motion: Rep. Russell made a Motion TO BE CONCURRED IN.

Discussion: Rep. Boharski stated the DFS comes to the Department of Family Services and asks for funding for foster care programs and come to the appropriations and asked for a certain amount of money for their subsidized adoption program. If their appropriation is wrong they want to be able to shift money from the foster care program to the subsidized adoption program. Ms. Taylor stated that in the subsidized adoption program there are two types of subsidized adoptions and that is for children who are eligible for 4-E which is a federal program. They must come from an AFDC family. Because of the limitation that is currently in the law, to provide subsidized adoption as a benefit of children who are not eligible for 4-E even though DFS can pay their foster care until 18. What the department wishes is to be able to offer subsidized adoption as an option for those children and to transfer money that would have been spent for them in foster care to the subsidized adoption program. DFS is limited by their appropriation in both programs, more money would not be allocated then DFS is authorized to spend. Money must be kept in the foster care payment. There is a county, federal and state match. Rep. Boharski stated that foster care was complete general fund appropriations. If these clients are AFDC clients, how is this bill going to allow you to serve someone who is not an AFDC client to receive federal match money. Ms. Taylor said that general fund money would be used for those children. Foster care children are paid by general fund as well because federal match cannot be received in foster care either.

Recommendation and Vote: A vote was taken and all voted in favor. Motion carries.

HEARING ON SB 407

Presentation and Opening Statement by Sponsor:

Senator Jacobson stated that this bill was an act to generally revise and clarify the laws relating to emergency medical services and providing effective dates.

Testifying Proponents and Who They Represent:

Drew Dawson, Montana Department of Health and Environmental Sciences
Robert Sherherd, M.D., Montana Medical Association
Richard Bandy, Montana Emergency Medical Services Association
Art Bicsak, Bicsak Ambulance
Cliff Halls, Halls Emergency
Nels D. Sandoal, CIT Foundation
Gary Heigh, EMS Region 1B Inc.
Owen Warren, AARP
Joe Hansen, Sweet Grass County Ambulance
Lyle Nagel, Montana State Volunteer Firefighters Association
Sharon Diziger, Montana Nurses Association

Proponent Testimony:

Drew Dawson stated that this bill repeals some of the outdated sections; provides for the department to classify, by rule, the various types and levels of emergency medical services and provides the licensure of non transporting medical units and air ambulances in addison to the ground ambulance services; provides authority to the department to investigate complaints and clarifies the enforcement actions allowed by the department; establishes procedures for waiver of rules; provides rule making authority to the department regarding licensing standards, classification of services, application procedures and some operational procedures; provides for a two year licensing period for all emergency medical services rather than the one year period under the current law. Mr. Dawson also stated that in the strongest possible terms, he could assure the committee there is no intention, and there has never been any intention, to specify, by rule, the maximum age or mileage on an ambulance vehicle nor to require 21 EMT's on an ambulance service. Exhibit 4.

Robert Shepherd, M.D. stated that he had taught EMT's for the ten years that he had been in Montana and stated that this represents some substantial improvements over the existence licensure law. Dr. Shepherd discussed minimum training for EMT's.

Richard Bandy stated that emergency medical services is a young and dynamic field that is constantly changing. By taking specific regulations out of the law and putting them in the rules, it allows the state to be more responsive to the needs and changes in emergency medical services.

Art Bicsak stated that changes needed to be made in the law. Mr. Bicsak also offered testimony on behalf of Rich Bandy.

Cliff Halls stated his support of this bill.

Nels Sandoal stated that in Boulder they have met all of the state requirements and stated that if this bill was enacted, even though Mr. Sandoal did represent a small town in Montana, the requirements would still be met.

Gary Haigh stated that it is time that the legislature start giving serious consideration to emergency medical services in our state. Exhibit 6.

Owen Warren stated that the American Association of Retired Persons saluted our guardians of life in times of emergency for being knowledgeable and sensitive to these modern day needs of the public. Exhibit 7.

Joe Hansen stated that the current ambulance licensing law is obsolete and that there is much confusion in Montana's medical community regarding appropriate levels of care for patients transported between medical facilities which needs to be addressed in the rule making process. Exhibit 8.

Lyle Nagel stated a large number in the last 10 years have become involved in emergency medical care.

Sharon Dieziger stated that she commended the efforts of the task force over the past months. Exhibit 9.

Testifying Opponents and Who They Represent:

Reed Redman, EMT from Denton

Opponent Testimony:

Reed Redman stated that the present ambulance licensing law does need to be updated but this bill could potentially threaten the existence of ambulance services in small communities such as Denton. Exhibit 10.

Questions From Committee Members: Rep. Good asked Senator Jacobson about the concerns of the opponent, Mr. Redman and Senator Jacobson said that public hearings had been held and that Mr. Dawson had been conferring with the people in this Denton community and there is no intention for these people to make any rules regarding the age of an ambulance vehicle or the number of miles on a vehicle. Phasing in of higher levels of training is one of the goals of the committee. Rep. Good then asked who would be paying for this training and Mr. Dawson stated that the instructor is paid to become a course coordinator and the recommendations that resulted from the public hearings. Recommendation was made to take the existing level of training which is federally funded.

However, the money is not available to train. The cost is up to the community and the certification fee is $35.00.

Rep. Knapp then asked what the total hours were of training and Mr. Dawson stated that it was 110 hours which was the national standard of curriculum. Advanced first aid is about 54 hours.

Rep. Boharski asked what the effect of the statement of intent was and Senator Jacobson stated that availability would be considered. $1,000 per day was then discussed. Mr. Dawson said that if a licensed EMT is not reasonably available, the Department should not preclude the occasional and infrequent transportation by other means. The second issue relative to the civil penalty is that currently in the existing statute, is a criminal penalty. The dollar amount is acceptable. Rep. Boharski asked if the effective date 1991 and its effect on the legislation.

Rep. Lee asked Mr. Dawson about the statement that rules should not be so stringent that the provision of emergency medical care in small communities and their exclusion and Mr. Dawson stated it would be considered as the board was making the rules.

Rep. Simon discussed the rules on mileage and age of ambulances and stated that Mr. Dawson had made some strong statements about this in his testimony. Rep. Simon then said that the testimony that is provided to a legislative committee would virtually the same effect as a statement of intent in that Mr. Dawson's statement would have the same effect as the statement of intent as far as the adoption of rules. Mr. Dawson stated that was exactly correct. Mr. Dawson stated that his testimony would serve as binding authority on the Department in the rule making process.

Rep. Hansen questioned the implementation of the fines or under what circumstances would these people be fined. If a community could not meet these rules would these communities be fined because they could not provide the service. Mr. Dawson said that after the notice of violation was considered, the opportunity for appeal to the individual, the resolving of that appeal to the Board of Health and all the administrative remedies, the only time that civil penalty would go into effect is if in fact after all of that, the appeal process was not adequately dealt with and the person still operated his service, the board would need to seek judicial remedy and that would be done through the civil penalty as opposed to the criminal penalty.

Closing by Sponsor: Senator Jacobson closed on the bill.

DISPOSITION OF SB 407

Motion: Rep. Good made a Motion to BE CONCURRED IN.

Discussion: Rep. McCormick stated that this was a bad bill for people in smaller communities as did Rep. Russell.

Rep. Strizich stated that there was good testimony offered by the proponents and opponents and supports this legislation.

Rep. Lee stated his support of this bill.

Rep. Knapp supports this bill but with added amendments regarding rule making authority.

Rep. Good stated that smaller towns would have recourse which would be upheld. The main intent of the bill is to grant rule making authority. The rural towns do have a safeguard in this bill.

Rep. Gould stated that we do have the administrative code committee which looks at the rules closely and when there opposition there is a hearing and that usually takes care of a problem.

Rep. Simon initially opposed this bill but after the testimony was offered, and after he had questioned the Department for a specific reason, the Department's testimony is a permanent part of this committee's record as to what their intent is. The administrative code committee and everyone that wants to challenge these rules can use the Department's testimony in fighting any rules that they think are adverse to a small community for financial reasons or any other reasons. There are good protections built into this bill and consequently he supports this bill.

Rep. Hansen told of receiving telephone messages from several communities in Montana.

Recommendation and Vote: A vote was taken TO BE CONCURRED IN and all voted in favor with the exception of Reps. Knapp and McCormick. Motion carries.

HEARING ON SB 437

Presentation and Opening Statement by Sponsor:

Senator Norman stated that this bill was an act entitled the aids prevention act; mandating that HIV antibody testing be administered only in conjunction with adequate pretest and posttest counseling; requiring informed consent for HIV antibody testing; providing for confidentiality of HIV test results in a manner consistent with he requirements of the Uniform Health Care Information Act; and requiring HIV

DAILY ROLL CALL

HUMAN SERVICES AND AGING COMMITTEE

51st LEGISLATIVE SESSION -- 1989

Date 3-13-89

| NAME | PRESENT | ABSENT | EXCUSED |
|---|---|---|---|
| Stella Jean Hansen | ✓ | | |
| Bill Strizich | ✓ | | |
| Robert Blotkamp | ✓ | | |
| Jan Brown | ✓ | | |
| Lloyd McCormick | ✓ | | |
| Angela Russell | ✓ | | |
| Carolyn Squires | ✓ | | |
| Jessica Stickney | ✓ | | |
| Timothy Whalen | ✓ | | |
| William Boharski | ✓ | | |
| Susan Good | ✓ | | |
| Budd Gould | ✓ | | |
| Roger Knapp | ✓ | | |
| Thomas Lee | ✓ | | |
| Thomas Nelson | ✓ | | |
| Bruce Simon | ✓ | | |
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CS-30

SB 407
TESTIMONY OF DREW DAWSON, CHIEF
EMERGENCY MEDICAL SERVICES BUREAU
MONTANA DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES

March 13, 1989

Madam Chairman, and members of the committee. I am Drew Dawson, Chief of the Emergency Medical Services Bureau in the Department of Health and Environmental Sciences. I am pleased to testify as a proponent of Senate Bill 407 which was introduced at the request of the department.

For several years an Emergency Medical Services Advisory Council, composed of eighteen different organizations and individuals, has been developing an updated state emergency medical services plan. The Council has been chaired by Senator Jacobson.

We have made a big effort to secure the input and recommendations of emergency medical services providers throughout Montana. Last spring we distributed an opinion survey to approximately 5,000 EMS providers and local government officials. In November 1988, we mailed over 700 copies of a draft state plan. This plan contained a draft of Senate Bill 407. In December, 1988, we held public information sessions at ten locations throughout Montana to solicit public input regarding the Advisory Council recommendations including the content of SB 407. Based on the survey and the public hearings, we have made a substantial number of changes to the original recommendations.

As the plan's first priority, the EMS Advisory Council recommended updating the Montana Ambulance Licensing Law. Their recommendations are reflected in Senate Bill 407.

The Montana Ambulance licensing law was adopted in 1971. Although the training and technology of emergency medical services has changed considerably since then, there has been only one minor amendment to the ambulance licensing law. This law has simply not kept pace with the advances in emergency medical services.

**PROBLEMS WITH EXISTING LAW**

There are a number of problems with the existing statute:

*The list of ambulance equipment referred to is a 1967 American College of Surgeons list. The College of Surgeons has updated their list several times since 1967. The places unrealistic requirements on the ambulance services.

*The wording is very vague, contradictory and often unenforceable. Although it does not happen frequently,



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there have been several obvious problems with ambulance services with which we have not been able to take appropriate enforcement action.

*There are many details contained in the law which don't allow the flexibility of change as advances are made in emergency medical services.
*The minimum level of training specified is Advanced First Aid and Emergency Care. This was adopted prior to the advent of EMT training and other levels of emergency medical services training and certification.

*The statute refers only to Basic Life Support ground ambulance services. It does not allow for different types and levels of ambulance service - e.g. allowing for differing requirements for Basic Life Support ambulance services and Advanced Life Support Ambulances.

*While ground ambulances must meet certain minimum licensing standards, there are no standards for air ambulance services, either fixed wing or helicopter.

*As emergency medical services systems have matured, other methods of delivering pre-hospital care have developed - such as Quick Response Units and other types of non-transporting medical units. These units are not required to meet any minimal standards.

*The method of granting variances from rules is very awkward. Also, there is no provision for involving EMS providers in advising the department in enforcement and/or variance actions.

**SUMMARY OF SENATE BILL 407**

Senate Bill 407 does the following:

*<u>Repeals some of the outdated sections</u>

These sections primarily concern equipment and training requirements.

*<u>Provides for the department to classify, by rule, the various types and levels of emergency medical services and provides the licensure of non-transporting medical units and air ambulances in addition to the ground ambulance services.</u>

Emergency medical services providers, often volunteers in your communities, offer essential services. To assure the



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public health and safety, we feel there should be minimum standards for all types of emergency medical services units (ground ambulances, air ambulances, and non-transporting medical units) With the variety of types and levels of services which have evolved in recent years, there is a need for differing standards for various types and levels of services. These standards need to be realistic for rural Montana.

For instance, advanced life support units, staffed by paramedics or nurses, clearly have different requirements from units staffed by basic emergency medical technicians. Helicopter ambulance services, responding directly to the scene of medical emergencies and accidents, have differing requirements from fixed wing services which primarily provide transportation between hospitals or medical facilities.

Although each of these situations are different, we feel there should be some minimal standards for each different type and level of service. Because we want to build an emergency medical services system throughout Montana, these standards need to clearly recognize the rural nature of Montana and need to be "doable".

***Provides authority to the department to investigate complaints and clarifies the enforcement actions allowed by the department.**

Complaints about ambulance services are not frequent. However, when there is a complaint, there should be the ability to investigate the complaint and, if necessary, to take appropriate enforcement action. Under the current law, investigation and enforcement action is nearly impossible. If we receive a complaint about the type of care rendered on an ambulance, or about ambulance operations, no matter how flagrant the problem may be, we do not have the capability to investigate or to assure corrective action is taken.

SB 407 would allow for investigation of complaints and would allow the department to take several types of corrective action. The legislation also allows for an appeals process. To assure that there is peer review, the proposed legislation provides for an advisory committee of EMS providers to advise the department and/or the board regarding enforcement actions.

***Establishes procedures for waiver of rules.**

Although we will do our best to develop rules which are realistic for Montana, communities will sometimes be faced with extenuating circumstances which are beyond their control. For this reason, we strongly encourage a method of



EXHIBIT_____

waiving any of the various requirements.

*Provides rule-making authority to the department regarding licensing standards, classification of services, application procedures and some operational procedures.

During the past few weeks, there has been some concern expressed about providing rule-making authority to the Department of Health and Environmental Sciences. We feel very strongly that EMS providers need to be actively involved with the development of the rules which will affect them. We will assure they will have considerable opportunity for detailed input. For instance, the EMS Advisory Council has already suggested some of the rules. These have been mailed to EMS providers throughout Montana, and there have been a series of public information sessions throughout the state. If the legislation passes, these suggestions will serve as a starting point for the formal development of rules. We will involve task forces of EMS providers to help write the rules and are committed to traveling throughout the state to solicit suggestions and comments.

Through the rule-making process, EMS providers throughout the state will have a great number of opportunities to help determine the content of rules. There are so many types and levels of emergency medical services and the technology is changing so rapidly it is simply more realistic to specify the details by rules. We feel very strongly that the active involvement of EMS providers in the rule-making will assure realistic and appropriate rules for Montana.

As identified in the Statement of Intent, **the rules must reflect the unique needs of rural Montana and should not be so stringent that the provision of emergency medical care will unreasonably difficult or expensive.** We are very strongly committed to the development of realistic and reasonable rules for Montana's EMS providers.

*Provides for a two-year licensing period for all emergency medical services rather than the one-year period under the current law.

OTHER COMMENTS

As we have traveled throughout the state and have solicited input and recommendations concerning this legislation, there have been several areas which need explanation to the committee:

We have had numerous discussions regarding the minimum personnel training requirements (to be established by rule) for basic life



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support ground ambulance services. While we originally proposed the requiring of two Emergency Medical Technicians on ambulance services within five years, the input from field EMS providers have clearly illustrated this is not currently feasible. During the public hearing process in December, 1988, and in cooperation with the EMS providers represented, we arrived at a compromise. We are recommending the rules would require one EMT by October, 1995, allowing First Responders with supplemental training to serve on ambulance services and modifying our training program to allow persons to progress more easily from one level of training to another.

During the last two weeks there has also been some confusion and newspaper publicity about whether we intend to specify, in the rules, a maximum age or mileage on ambulance vehicles. To assist us with planning for mechanisms to help communities replace vehicles, and as an ideal situation, the Emergency Medical Services plan recommended a goal about the age and mileage on a vehicle. As is clearly stated in the plan, this is intended to serve only to assist in statewide planning - and will not be a rule or any other requirement. **In the strongest possible terms, I can assure you there is no intention, and there has never been any intention, to specify, by rule, the maximum age or mileage on an ambulance vehicle nor to require 21 EMTs on an ambulance service.** Rules need to be realistic for rural Montana; this would clearly not be practical. Our office wants to help improve emergency medical services throughout Montana, not to make it more difficult or cumbersome.

**SUMMARY**

This legislation updates the ambulance licensing law, extends this to air ambulance and non-transporting medical units and allows for the adoption of reasonable rules by the department.

Based on all of the public input we have received, and the modifications we have made, we feel this is a good piece of legislation which would allow the establishment of reasonable requirements. I urge your favorable consideration.

Thank you for the opportunity to testify.



EXHIBIT

Medical
Center

February 17, 1989

Senator Thomas Hager, Chairman
Senate Public Health Committee
Senate Office Building
Helena, MT 59620

Dear Senator Hager:

We encourage your support for Senate Bill 407. It is an important step in updating our state EMS and towards the establishment of a comprehensive state-wide EMS/Trauma plan.

The bill will set minimum standards for licensing of ground and air ambulances. We feel this is an important step toward a goal of providing quality Emergency Medical Services to all the people of Montana. The bill adds air ambulances to the licensing structure, without requiring the licensing of fixed base operators who do not provide life support services. This provision allows for the setting of standards for our state's air ambulance services, which will be important in insuring the continued delivery of quality care by these services.

The establishment of a structure to assume minimum standards of services are met by organizations providing pre-hospital care, is another important provision of the bill.

The availability of quality pre-hospital care is a goal that everyone involved in Emergency Medical Services has been striving toward. We believe this bill will help us reach that goal. Your support for Senate Bill 407 is very much appreciated.

Sincerely yours,

R. James Majxner, M.D.
Medical Consultant

Nancy S. Rahm, R.N.
Nurse Consultant

cc: Drew Dawson
Chief, EMS Bureau

Deaconess
Medical Center
of Billings, Inc.

Broadway at
Ninth Avenue North
P.O. Box 2547
Billings, Montana 59103

Telephone 406-657-4000

EXHIBIT_____
DATE_____
HB_____

VHA Member of Voluntary Hospitals of America, Inc.

# FALLON COUNTY COMMUNITY AMBULANCE

320 Hospital Driver, P.O. Box 820, Baker, Montana 59313 · (406) 778-3331

To: Drew Dawson, Chief
Emergency Services Bureau
Department of Health and Environmental Sciences
Cogswell Building
Helena, Montana 59620

FROM: Kathleen A. Cornelius REMT-A
Director
Fallon County Ambulance Association
Baker, Montana 59313

March 13, 1989

Drew, please submit copies of this letter to the House Human Services Committee at the hearing today on Senate Bill 407.

Madam Chairman and Members of the Committee, I deeply regret not being able to appear in person today to support SB 407. We have been following the progress of this legislation for some time. As director of the ambulance sevices in Baker, I feel I can speak for the typical rural volunteer emergency medical service. As Region 4 B Director of the Montana Emergency Medical Association, I represent and communicate with EMTs and services in Carter, Fallon, Custer, Powder River and Rosebud Counties.

I support this Bill because revision of the laws relating to emergency medical services is long overdue. Like anything medically related, our field of expertise has evolved tremendously in the last two decades. It is time that the laws were changed to keep pace with this progress.

As part of this necessary update, SB 407 grants rule making authority to the Department of Health and Environmental Sciences. This authority has some limitations. As part of the rule making process, public hearings would be held so that the EMS providers themselves would have input on the issues involved. I feel the fears expressed by some individuals about this process are greatly exaggerated and due to an insufficient knowledge of the system. We out here in the southeast corner of the state do not believe that passage of this Bill is in any way detrimental to our rural ambulance services. We realize the necessity of modernizing our EMS system, and we welcome it.

If the current Bill fails, we will carry on for another two years under antiquated laws. How many of you, members of the committee, could return home and participate in your businesses or professions under the same criteria you might have used twenty years ago?

I request your support and passage of SB 407.

Respectfully,

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HB_____

TESTIMONY OF RICK BANDY, PRESIDENT
MONTANA EMERGENCY MEDICAL SERVICES ASSOCIATION

CONCERNING SENATE BILL 407

Mr. Chairman, members of the committee. My name is Rick Bandy. I am President of the Montana Emergency Medical Services Association. MEMSA is a professional organization that represents EMTs who serve on ambulance services. We are the only organization that speaks on behalf of prehospital emergency care providers. I am also a member of a rural ambulance service in Phillips County.

Senate Bill 407 is a long overdue attempt at revising an antiquated law that causes serious problems for ambulance services.

Emergency medical services is a young and dynamic field that is constantly changing. By taking specific regulations out of the law and putting them in the rules, it allows the state to be more responsive to the needs and changes in emergency medical services.

Our organization developed a state wide protocol manual which tell EMTs how to treat different types of illnesses and injuries. MEMSA updates this book of protocols every two years because our profession is constantly changing and improving the ways we take care of patients.

Senate Bill 407 would allow the state to be more responsive to the changes in our field also.

As a member of a rural ambulance service, I have experienced the frustrations of working with the current, outdated law. We are told that we have to carry equipment that will not be used and if we do not have that equipment, we have to spend money to buy it. This list of equipment in the current law is totally inadequate and does not include minimal life-saving equipment that needs to be carried on every ambulance.

There are enough checks and balances in the rules process that we are not concerned about something being included that would be to the detriment of emergency medical services. It would allow the system to be flexible and responsive to Montana's emergency medical services system.

The Montana Emergency Services Association urges a do pass recommendation on Senate Bill 407.

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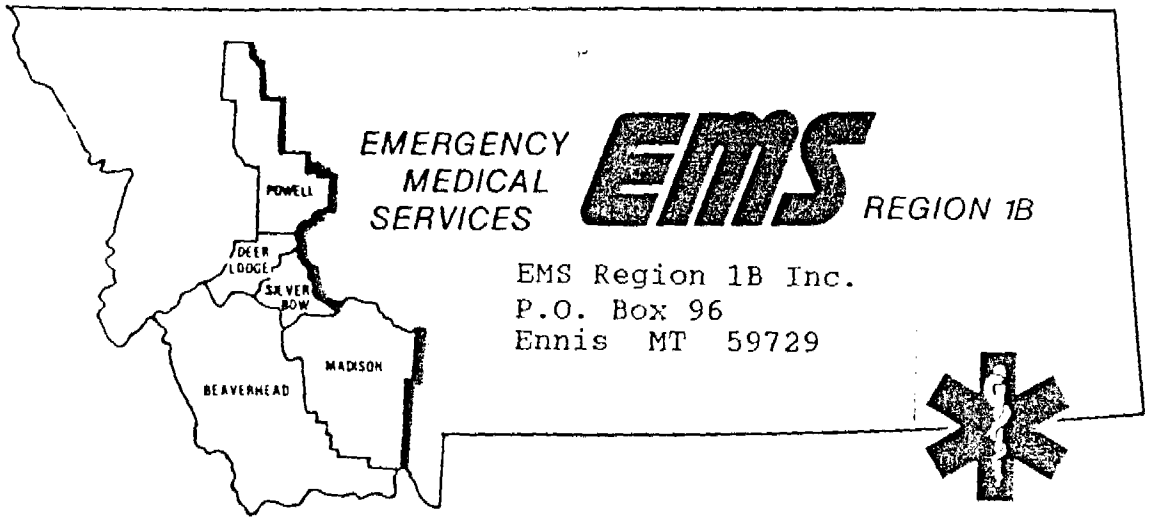


EMERGENCY MEDICAL SERVICES EMS REGION 1B

EMS Region 1B Inc.
P.O. Box 96
Ennis MT 59729

March 13, 1989

Montana House of Representatives
Human Services and Aging Committee
Helena MT 59601

EXHIBIT 6
DATE 3-13-89
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Chairman and Members of the Committee:

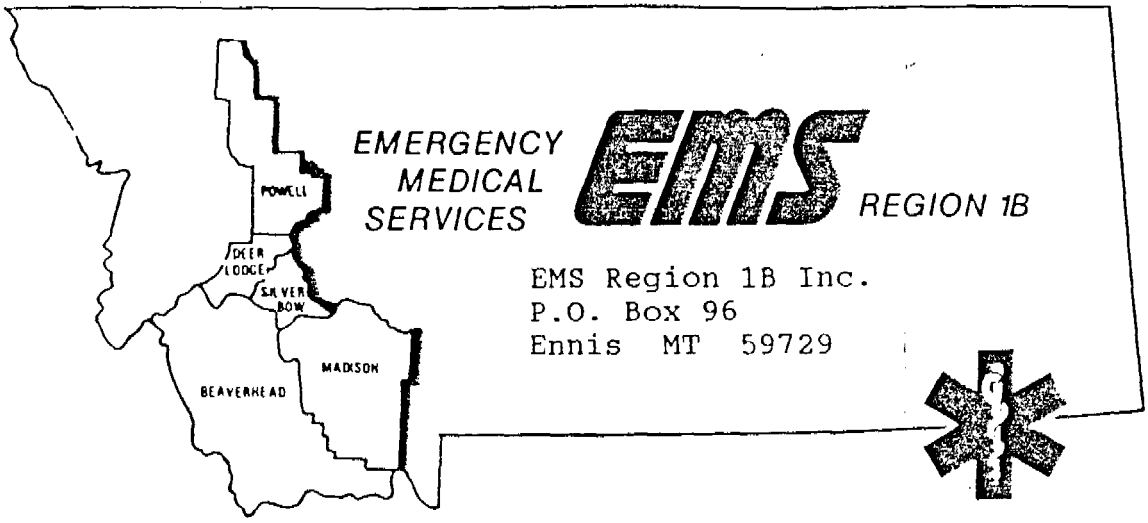
For the record I am Gary Haigh an EMT from Ennis and I'm here on behalf of EMS Region 1B Inc.. EMS Region 1B is comprised of representatives from the Anaconda Ambulance Service, Beaverhead EMS (in Dillon), Butte EMS System, Deer Lodge Ambulance, Ennis Ambulance Service, and Ruby Valley Ambulance (in Sheridan).

First I would like to express a personal opinion. It is time that the legislature start giving serious consideration to emergency medical services in our state. We have laws requiring fire and police protection to keep our property safe but there is nothing that requires the existence of EMS to protect and preserve our lives. This legislation is a step in the right direction.

The Board of Directors and members of EMS Region 1B Inc. strongly support Senate Bill 407. The area's served by the ambulances in Region 1B are largely rural, scarcely populated, and suffer adverse weather and geographic conditions. These factors alone make the provision of quality EMS a tough challenge. When the laws governing our operation are outdated and inefficient this adds to the challenge. We can not control the population, weather, or lay of the land but the laws we have can be current and efficient. SB407 would:

Replace an outdated equipment list for ambulances with a mechanism to create and update a minimum equipment list that is both practical and functional.

Provide the dedicated EMS volunteer with a greater opportunity to influence the rules and regulation that govern their operation through the public hearing, rule and regulation process.




EMERGENCY MEDICAL SERVICES EMS REGION 1B

EMS Region 1B Inc.
P.O. Box 96
Ennis MT 59729

Create legal standing for nontransporting emergency medical units, better known as quick response units. This would make it easier for them to obtain liability and malpractice insurance as well as receive payment from medicare for their services.

Recent studies have shown that the availability of advanced life support care in rural areas is greatly beneficial to the patient. This legislation would provide legal standing for ALS, thus encouraging ambulance services to provide this level of care.

Emergency medical services is a dynamic and rapidly changing field. As old levels of training change and new training is created our minimum levels of training for EMS personnel must also be able to change. SB407 would provide the needed flexibility through the public hearing, rule and regulation process.

Generally clarify the EMS transportation laws enabling the average volunteer to understand them.

This legislation gives rule making authority to the Department of Health and Environmental Sciences and requires a public hearing be held for review of any rules. This in itself will provide, us the volunteers in the ditches doing the work with far greater control over how we are governed. The bill also stipulates that "the rules should not be so stringent that the provision of emergency medical care in smaller communities will be made unreasonably difficult or expensive" giving us added protection from unrealistic rules.

For these and many more reasons EMS Region 1B Inc. actively supports Senate Bill 407.

Sincerely

Gary R. Haigh
Region 1B Representative

EXHIBIT_____
DATE_____
HB_____

AARP

1988-1989
MONTANA STATE LEGISLATIVE COMMITTEE

CHAIRMAN
Mrs. Molly L. Munro
4022 6th Avenue South
Great Falls, MT 59405
(406) 727-5604

VICE CHAIRMAN
Mr. Fred Patten
1700 Knight
Helena, MT 59601
(406) 443-3696

SECRETARY
Mr. John C. Bower
1405 West Story Street
Bozeman, MT 59715
(406) 587-7535

March 13, 1989

TO: Human Services and Aging

FROM: Owen Warren, American Association of Retired Persons

RE: In support of SB 407, An Act to Generally Revise and Clarify the Laws Relating to Emergency Medical Services

The Montana State Legislative Committee of AARP supports this bill for the following reasons:

In reading the information on the subject furnished by Mr. Drew Dawson, Chief of the Emergency Medical Services Bureau, we can agree that a 1971 licensing law and a 1967 standard for equiping ambulances could hardly meet the standards expected by the demanding public of today.

We are well informed today of modern technology in life saving techniques and in life saving emergencies we expect the best.

Therefore, we salute our guardians of life in times of emergency, for being knowledgable and sensative to these modern day needs of the public.

We recommend you give this your favorable consideration.

EXHIBIT 7
DATE 3-13-89
HB SB 407

SWEET GRASS COUNTY AMBULANCE
P.O. BOX 435
BIG TIMBER, MONTANA 59011-0435

March 13, 1989

Human Services and Aging Committee
Montana House of Representatives
Capitol Station
Helena, Montana 59620

RE: SENATE BILL NO. 407

Dear Committee Members:

I strongly urge the Committee to give a favorable recommendation to Senate Bill No. 407, "AN ACT TO GENERALLY REVISE AND CLARIFY THE LAWS RELATING TO EMERGENCY MEDICAL SERVICES..." The provisions of this bill, though largely enabling in nature, provide much needed direction for the regulation of Emergency Medical Services in Montana.

The current ambulance licensing law is obsolete. It contains provisions which require ambulances to carry patient care equipment which has long since been determined to be unsafe to use in caring for seriously ill or injured patients. It provides only for the licensing and regulation of certain classes of ground ambulances, leaving air ambulances and other classes of service completely unregulated as regards patient care and patient care equipment. It is unfortunate that fixed base operators have been excluded from this act. If you could believe the yellow pages in the phone book, every FBO in Montana has an air ambulance, even if that air ambulance is only a single engine crop duster.

There is much confusion in Montana's medical community regarding appropriate levels of care for patients transported between medical facilities which need to be addressed in the rule making process provided for in Senate Bill No. 407.

The regulation of the acts of prehospital care providers currently resides with the Board of Medical Examiners under the Department of Commerce. Because of their already heavy responsibility of licensing and policing of physicians, they have been woefully ineffective in overseeing the acts or omissions of EMTs.

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DATE 3-13-89
HB SB 407

MONTANA EMS SYSTEM
EMERGENCY MEDICAL SERVICES

In summary, Senate Bill No. 407 enables the fair and consistent regulation of emergency medical services in Montana. It's provisions make possible the protection of Montana's citizens and some assurance of consistent quality prehospital patient care which every Montanan has a right to expect.

I support this bill and ask that the Committee give a "do pass" recommendation to the House.

Sincerely,

Joseph D. Hansen
Director

EXHIBIT_____
DATE_____

Montana Nurses' Association
P.O. Box 5718 • Helena, Montana 59604 • 442-6710

Representative Hanson - Members of the Committee

My name is Sharon Dieziger and I represent the Montana Nurses' Association. I'm here to speak **in favor of SB 407.**

We commend the efforts of the task force chaired by Judy Jacobson over the past months. The Montana Nurses' Association had representation on that task force and we believe their diligence toward this effort is admirable.

We must keep abreast of the changing times and technology in emergency care.

In addition to the support of the Montana Nurses' Association, I am also the Director of the Mercy Flight Air Ambulance Helicopter Service at Montana Deaconess Medical Center in Great Falls. We welcome the opportunity to become licensed with the development of standards and rules. Patients and nurses should not be put at risk in the air unless the highest standards of operation can be met. It is very difficult for me to imagine that when patient care in an emergency situation is our focus, that anyone could object to rising to meet the challenge to assure to the public that we are not only willing and able but determined to provide the best possible care that we can aspire to. We must meet at least minimal statewide standards at all levels in order to accomplish that.

**Please vote in favor of SB 407.**

Thank you.

EXHIBIT 9
DATE 3-13-89
HB SB 407

EXHIBIT 10
DATE 3-13-89
HB SB407

SB407

Testimony of Reed Redman

Madam Chairperson, and members of the committee. I am Reed Redman, an Emergency Medical Technician from Denton Montana. I am here to testify as an opponent of Senate Bill 407, representing the Denton Ambulance Service and the concerned citizens of the Community of Denton.

I agree that the present ambulance Licensing law does need to be updated, and Senate Bill 407 would seem to be a way of doing this. However, I and the people of Denton, over 70 of whom signed a letter which was sent to all of you, have a concern that Senate Bill 407 as written, could potentially threaten the existance of ambulance services in small communities such as Denton.

In the bill it states that in order to carry out the provisions, the Department of Health and Environmental Sciences shall proscribe and enforce rules for emergency medical services. Included are rules proscribing minimum licensing standards for each type and level of services, including requirements for personnel, medical control, maintenance, equipment, reporting, recordkeeping, sanitation, and minimum insurance coverage as determined appropriate by the department. Most of this we have no problem with. However in the department's draft plan, they stated certain rules which they felt should be implemented. One of these was that the minimun level of training for ambulance attendants should be Emergency Medical Technition, (Emt), as they feel that Advanced First Aid is simply inadequate to provide ambulance care. They feel that this should be phased in over 6-7 years. We feel that this would be simply impossible for many small community ambulance services. We in Denton consider ourselves very lucky to, at this time, have six EMTs, three of whom live out of town, on our service. We have been doing all that we can to recruit and train more for the past 10-15 years. We have had as many as 8. We supplement the EMTs with Advanced First Aiders. I personally know of small community ambulance services with as few as one EMT. They also have had more at some times, but EMT certification is difficult, time consuming, and somewhat expensive for a volunteer to maintain. We try to have EMTs on all of our ambulance runs, but sometimes we just can not, and if we could not have Advanced First Aid trained personnel on our services, the sick or injured individual would have to wait at least 40 minutes for an ambulance. If the individual were to die in this time, it would not help that slightly better trained people were on that ambulance. For this reason, we feel that the minumum level of training for Ambulance Attendents should remain Advanced First Aid.

Another rule proposed is that a medical director should be required for every ambulance service. A medical director is defined as a Physician licensed in Montana who is responsible and accountable for the overall medical direction and supervision of a licensed service. The Physician's name, state license number and signature shall appear on the license application and he shall be responsible for approving written medical protocols for the ambulance service, critiquing

ambulance runs on a regularly scheduled basis, and the medical appropriateness of all treatment administered by the ambulance personnal. We feel that this requirement would be difficult if not impossible for a service in a small community which has does not have a resident physician to fulfill . We could not even find a Doctor willing to be on a course committee so that we could conduct EMT training. And you all know that there are many small communities in Montana with no resident physician.

There are also several other proposed rules and goals in the Department of Health and Environmental Science draft plan which could cause problems, including such things as - all vehicles should be equal to or less than 10 years of age or have less than 100,000 miles, each ambulance service should have a minimum of 2 vehicles, volunteer ambulance services should have a minimum of 21 persons per primary vehicle, vehicles should be certified in addition to services, and each category of emergency medical care service shall, as a part of their application, specify the geographic coverage area in which they intend to provide service, (we go where we are called and help all that we can).

Representatives of the department have assured us that these last would not be implemented, but I have found that where there is rulemaking authority and stated goals, usually someone will eventually implement rules.

Also there is a section in the bill which includes a civil penalty with fines of up to $1000 per day for violations of the rules. What could this do to a small volunteer ambulance service?

For these reasons I, and the people of Denton feel that this bill should not be passed, and urge you to kill it.

I thank you all for your attention and for allowing me to take up your valuable time.

Thank you

EXHIBIT_____

DATE_____

HB_____

VISITORS' REGISTER

HUMAN SERVICES AND AGING COMMITTEE

BILL NO. SB 407 DATE 3/13/89

SPONSOR

| NAME (please print) | REPRESENTING | SUPPORT | OPPOSE |
|---|---|---|---|
| JOE HANSEN | Sweet Grass Co Ambulance | X | |
| Owen Warren | AARP. | X | |
| Gary Haigh | EMS Region 15 Inc | X | |
| ART BICSAK | BICSAK AMBULANCE / MEMSA | X | |
| Clifford C. Walls | Mt. Private Ambulance Operators Walls Emergency | X | |
| NELS D. SANDAL | CIT FOUNDATION | X | |
| Drew Dawson | Dept of Health | X. | |
| Reed Redman | Town of Denton | | X |
| [illegible] MD | Advisory Council | X | |
| Archie Jr. Jonthian | Town of Denton | | X |
| GREG GARCIA | SELF | | X |
| Richard Seldon | Mont State Fire Assoc | X | |
| Dale Tabaloff | DHES | | |
| Henry E. Zeh | Mont State Vol. Firefighters Assoc | X | |
| Lyle E. Nagel | Mt St. Vol. Firefighters Assoc | X | |
| John Semple | Montana Aviation Trades Assn | | |
| Jeanne T Lovedahl | Mt. Med. Assn | ✓ | |
| LARRY ALLEY | MT HEALTH NETWORK | ✓ | |
| Sharon Morgan RN | Mt. Nurses Assoc | ✓ | |

IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR WITNESS STATEMENT FORM.

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

VISITORS' REGISTER

_____ COMMITTEE

BILL NO. SB 407 DATE _____

SPONSOR _____

| NAME (please print) | RESIDENCE | SUPPORT | OPPOSE |
|---|---|---|---|
| Ada Keeling | Jordan, MT. Area Service | X | |
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IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR WITNESS STATEMENT FORM.

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

STANDING COMMITTEE REPORT

March 14, 199[illegible]


Mr. Speaker: We, the committee on Human Services and Aging report that Senate Bill 407 (third reading copy -- blue) be concurred in .

Signed: _____
Stella Jean Hansen, Chairman

[REP. STRIZICH WILL CARRY THIS BILL ON THE HOUSE FLOOR]